NOTICE OF FEE DUE



| DATE: | 1-13-02 | <u></u> | •• | J. |
|-----------------------------|--|------------------------------------|---------------------------------------|----------------|
| TO: | OIPE | | | |
| FROM: | Office of Initial Patent Examinat | ion | | ; |
| SUBJECT | : Fee Due | | | |
| APPLICA | TION NUMBER: 100 4 0 | 125 | | • |
| Office for to authorization | the for the attached document submit the following reason. Please check on to charge a deposit account. If appropriate fee. If an authorization iciency. | c the application an authorization | on for the appropon is present, ple | oriate ease |
| □ Insuffic | cient fee by check | | | |
| ☐ Insuffic | cient funds in deposit account | · | | , |
| □ Decline | ed credit card | | | |
| Non aut | thorization for charge to deposit ac | count | | |
| □ No fee s | submitted per requirement | | | |
| | · • | •.• | | |
| The correct | t fee code: 202 | amount | \$ 42 | <u> </u> |
| The suspen | nded fee code: 197 | amount | - \$ | |
| Fee Due | | amount | =\$ | / |
| If you have Eleanor Kur | any questions, please contact Cyntrtz at 703-308-3642. | thia Streater at | 703-306-5430 | or . |
| Terminal O _l | perator <u>Som le H</u> | h . | · · · · · · · · · · · · · · · · · · · | |